

**Department of Rehabilitation Service  
Vocational Rehabilitation Service Stimulus Proposal  
BUDGET FORM**

Provider's Name:

Budget Period:

Beginning Date:

Ending Date:

Salaries (to include fringe benefits)	\$
*List each individual Personnel Title & FTE	
Travel	\$
Operating Costs	\$
Equipment	\$
Supplies	\$
Contractual	\$
Administrative Costs	\$
Total Budget	\$